

(1) PLACE OF BIRTH

County of WichitaTownship of McTearor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julia Cook

File No.—For State Registrar Only

24499

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 208Registered No. 12

(For use of Local Registrar)

(No. St.; Ward)

(If child is not yet named, make supplemental report as directed)

(3) ~~BOY OR GIRL?~~ girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME McIran Cook(9) PRESENT POSTOFFICE OF FATHER Earle SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Wichita CO(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Willis(15) PRESENT POSTOFFICE OF MOTHER Earle SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Wichita CO(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Cook(24) State whether Physician or Midwife (25) Address of Physician or Midwife Earle SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8 12 9 1922 (28) J. C. Jones Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

McGAW OF COLUMBIA, COLUMBIA, S. C.